

# THREE YEAR PLAN

FY 2004—FY 2006  
(DRAFT)



TENNESSEE DEPARTMENT  
OF  
MENTAL HEALTH  
AND  
DEVELOPMENTAL DISABILITIES

TDMHDD THREE YEAR PLAN  
FY 04-FY 06  
July 2003

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**TDMHDD THREE YEAR PLAN**  
**REVISED DRAFT**  
**July 2003**  
**SUMMARY AND QUICK REFERENCE**  
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**GOAL 1:**

**PEOPLE WITH MENTAL ILLNESS, SERIOUS EMOTIONAL DISTURBANCE OR DEVELOPMENTAL DISABILITY AND THEIR FAMILIES RECEIVE APPROPRIATE SERVICES AND SUPPORTS THAT ARE PERSON-CENTERED AND FAMILY-FOCUSED.**

**OBJECTIVES:**

- 1.1 TDMHDD promotes and enhances service recipient and family member advocacy.
- 1.2 Service recipients and family members participate in the design, implementation and evaluation of the service system.
- 1.3 The mental health and developmental disability service systems reflect the cultural diversity of Tennessee.

**GOAL 2:**

**TENNESSEANS UNDERSTAND AND ACCEPT CHILDREN AND ADULTS WITH MENTAL ILLNESS, SERIOUS EMOTIONAL DISTURBANCE OR DEVELOPMENTAL DISABILITY.**

**OBJECTIVES:**

- 2.1 TDMHDD will increase the acceptance of permanent, safe, quality, affordable housing options for people with mental illness, serious emotional disturbance, or developmental disability.
- 2.2 TDMHDD promotes activities and services that provide alternatives to the "criminalization" of mental illness, serious emotional disturbance, and developmental disability.

- 2.3 TDMHDD increases awareness, knowledge and sensitivity of the public, state entities and other relevant parties regarding mental illness, serious emotional disturbances and developmental disabilities, including the service needs of these populations.
- 2.4 TDMHDD, in collaboration with the Department's Statewide Planning and Policy Council, will build partnerships with non-traditional partners and stakeholders to assure that the services and supports needs of persons with mental illness, serious emotional disturbance or developmental disability are met.
- 2.5 TDMHDD will promote activities that lead to improved physical health care status of persons with mental illness, serious emotional disturbance or developmental disabilities.

### **GOAL 3:**

### **THE FREQUENCY AND INTENSITY OF DEVELOPMENTAL DISABILITY, SERIOUS EMOTIONAL DISTURBANCE AND MENTAL ILLNESS WILL DECREASE.**

#### **OBJECTIVES:**

- 3.1 TDMHDD provides prevention and early intervention services and education to persons or families with persons at risk of or who have developmental disability, serious emotional disturbance, or mental illness.
- 3.2 DMHS supports activities that lead to the early identification of mental health needs of older adults.
- 3.3 The mental health needs of children and adults with developmental disability are identified early.
- 3.4 TDMHDD will develop a model system of care for children and youth that can be implemented statewide.
- 3.5 Licensure deficiencies, especially those that may lead to abuse, will be reduced.

- 3.6 TDMHDD works and promotes activities and education for all ages to decrease deaths by suicide.
- 3.7 TDMHDD promotes activities and service system supports which enhance the transition of persons from the adolescent service system to the adult mental health service system.

#### **GOAL 4:**

#### **PEOPLE WITH SERIOUS MENTAL ILLNESS, SERIOUS EMOTIONAL DISTURBANCE OR DEVELOPMENTAL DISABILITY HAVE ACCESS TO COMPREHENSIVE AND APPROPRIATE SERVICES AND SUPPORTS IN THE LEAST RESTRICTIVE ENVIRONMENT.**

##### **OBJECTIVES:**

- 4.1 Resource availability assures that appropriate services are provided.
- 4.2 Annual and ongoing assessments reflect the need for mental health and developmental disability services and supports.
- 4.3 Service recipients have timely access to appropriate services.
- 4.4 TDMHDD promotes and will increase service options, especially for special populations.
- 4.5 People with dual diagnosis or co-occurring disorders receive appropriate integrated services.
- 4.6 Quality inpatient psychiatric services are available to adults, children and youth in each region of the state and function as a safety net to the most vulnerable.
- 4.7 Appropriate alternatives to hospitalization will increase.
- 4.8 TDMHDD will implement an Employment First plan for people with mental illness or developmental disability.

- 4.9 TDMHDD will identify and address transportation needs for individuals with mental illness, serious emotional disturbance, or developmental disability.
- 4.10 Persons with developmental disabilities have access to TDMHDD services and supports.
- 4.11 TDMHDD facilitates entry into services.
- 4.12 TDMHDD will increase the availability of safe, accessible, quality, and affordable housing options for people with mental illness, serious emotional disturbance or developmental disability.
- 4.13 Improve the quality of life of individuals currently residing in mental health supportive living facilities.

#### **GOAL 5:**

#### **TDMHDD MAKES SERVICE SYSTEM DECISIONS BASED ON ADEQUATE INFORMATION FROM SERVICE RECIPIENTS, FAMILIES, DATA AND OUTCOMES.**

##### **OBJECTIVES:**

- 5.1 TDMHDD's information system will provide necessary information and be responsive to the Department's data needs.
- 5.2 TDMHDD will educate managers and stakeholders about the Department's information system and then develop strategies for educating persons about accessing and effectively utilizing available information.
- 5.3 TDMHDD will establish service performance measures.
- 5.4 TDMHDD provides clinical quality oversight.
- 5.5 TDMHDD identifies and promotes best practices.
- 5.6 TDMHDD designs and implements mechanisms to obtain input and provide feedback to service recipients, families and relevant stakeholders about service system findings.

- 5.7 TDMHDD selects areas identified for improvement, then develops and implements strategies to accomplish the desired changes.
- 5.8 TDMHDD promotes and publishes current research and literature review findings about critical mental health and developmental disability issues.
- 5.9 DMHS identifies and implements areas to increase efficiency and minimize liability in the provision of forensic and juvenile court services.
- 5.10 Serious incidents and allegations of abuse, neglect or mistreatment are investigated.

#### **GOAL 6:**

#### **TDMHDD MANAGEMENT IS EFFICIENT, COLLABORATIVE AND ACCOUNTABLE.**

##### **OBJECTIVES**

- 6.1 TDMHDD collaborates with the Bureau of TennCare to administer and improve the TennCare Partners Program.
- 6.2 TDMHDD works with other departments and agencies to implement policies for coordinated mental health and developmental disabilities services.
- 6.3 TDMHDD participates as a responsible state agency in all hazard preparedness, response and recovery capabilities.
- 6.4 TDMHDD enhances the protection of service recipients by the development and revision of rules and policies.
- 6.5 The Office of Human Resources (OHR) will develop a plan to address staff recruitment and retention issues.
- 6.6 TDMHDD will improve the timely completion of periodic employee performance evaluations.
- 6.7 Deleted – Covered in the Introduction

- 6.8 TDMHDD is the best managed, most efficient and effective agency in state government.
- 6.9 The Office of Legal Counsel collaborates with all TDMHDD divisions and sections to assure compliance with all legal requirements to attain the Department's goals.
- 6.10 TDMHDD will increase and improve internal communications.
- 6.11 TDMHDD will correct deficiencies cited in the 2002 Audit Report by the Comptroller.



## TDMHDD THREE-YEAR PLAN ACRONYMS

BHO	Behavioral Health Organization
BUREAU OF A&D	Bureau of Alcohol and Drug, TDOH
CHI	Creating Homes Initiative
CMS	Centers for Medicare and Medicaid Services
CYS	Children and Youth Services, TDMHDD
DAS	Division of Administrative Services, TDMHDD
DCS	Department of Children's Services
DF&A	Department of Finance and Administration
DMHS	Division of Mental Health Services, TDMHDD
DMRS	Division of Mental Retardation Services, DF&A
DOE	Department of Education
DoH	Department of Health
ECT	Electroconvulsive Therapy
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
HIPAA	Health Insurance Portability and Accountability Act
HUD	U.S. Department of Housing and Urban Development
IMD	Institutions for Mental Diseases
ISM	Information Systems Management, TDMHDD
MH/DD	Mental Health and Developmental Disability
MMHI	Memphis Mental Health Institute
MOU	Memorandum of Understanding
OCA	Office of Consumer Affairs, TDMHDD
ODD	Office of Developmental Disabilities, TDMHDD
OHC	Office of HIPAA Compliance, TDMHDD
OHPD	Office of Housing Planning and Development, TDMHDD
OHR	Office of Human Resources, TDMHDD
OIR	Office of Information Resources, DF&A
OLC	Office of Legal Counsel, TDMHDD
OMC	Office of Managed Care, TDMHDD
OMD	Office of Medical Director, TDMHDD
OPD	Office of Planning and Policy Development, TDMHDD
OPIE	Office of Public Information and Education, TDMHDD
PATH	Projects to Aid in Transition from Homelessness
RFP	Request for Proposal
RMHI	Regional Mental Health Institute
SLF	Supportive Living Facilities
TDCI	Tennessee Department of Commerce and Insurance
TDECD	Tennessee Department of Economic and Community Development
TDMHDD	Tennessee Department of Mental Health and Developmental Disabilities
TDOT	Tennessee Department of Transportation
THDA	Tennessee Housing Development Agency
THEC	Tennessee Higher Education Commission
TIHPP	Tennessee Interdisciplinary Health Policy Program

## Introduction

The Tennessee Department of Mental Health and Developmental Disabilities' (TDMHDD) mission is to plan for and promote the availability of a comprehensive array of quality prevention, early intervention, treatment, habilitation, and rehabilitation services and supports based on the needs and choices of people with mental illness, serious emotional disturbance or developmental disability and their families. One of the TDMHDD's major responsibilities in carrying out its purpose is service system planning.

Title 33 of the Tenn. Code Ann., the mental health and developmental disability law, requires the TDMHDD to develop a three-year plan based on the TDMHDD Planning and Policy Council's recommendations. The plan must be updated at least annually, based on an assessment of the public need for mental health and developmental disability services and supports. The department's improvement budget request is tied to the annual update of the plan. The regional Mental Health and Developmental Disability Planning and Policy Councils have responsibility for need assessments at the local level and for making recommendations for service development and resource allocation based on their findings, which are reported to the respective State Planning and Policy Councils. The TDMHDD Planning and Policy Council reviews recommendations from the State Councils and the Department and prioritizes recommendations for service development and resource allocation to be incorporated into the Department's three-year plan and budget requests.

The plan serves several purposes:

1. Assists the Department in meeting its statutory requirements.
2. Gives the TDMHDD Planning and Policy Council a forum to advise the Department on the desirable array of prevention, early intervention, treatment, and habilitation services and supports for service recipients and their families. The Council provides citizen participation to advise the Department on policy and formulation of budget requests, along with the development and evaluation of services and supports.

3. Provides a basis for the development of the Department's annual budget request to the governor for the parts of the plan that are to be implemented during the budget year.
4. Provides a management tool for direction of the Department's day-to-day activities as well as the framework to guide and improve the Department's performance.
5. Centers on programs and activities that are key to carrying out the mission of the Department and helps keep staff focused.
6. Provides a self-monitoring process to ensure that the Department meets its obligations to service recipients and their families.
7. Provides a means by which TDMHDD addresses the Olmstead decision.  
(This decision requires a state to provide community-based services for an individual if treatment professionals believe such services are appropriate, if the individual does not oppose the move, and if the move can be reasonably accommodated, given the resources of the state.)
8. Provides a means for internal and external communication. The plan communicates TDMHDD goals and objectives to all staff, other state agencies, agencies that provide services and supports, other interested parties, and the public.
9. Establishes a tool to set priorities and to allocate resources consistent with the priorities.

If we fulfill our mission we move closer to realizing our vision that "people with mental illness, serious emotional disturbance, or developmental disability have a quality life based on their individual needs and choices." The three-year plan provides a framework to help us get there.

**TDMHDD THREE YEAR PLAN**  
**FY 04-FY 06**  
**DRAFT**  
**July 2003**

**GOAL 1:**  
**PEOPLE WITH MENTAL ILLNESS, SERIOUS EMOTIONAL DISTURBANCE**  
**OR DEVELOPMENTAL DISABILITY AND THEIR FAMILIES RECEIVE**  
**APPROPRIATE SERVICES AND SUPPORTS THAT ARE PERSON-CENTERED**  
**AND FAMILY-FOCUSED.**

**OBJECTIVES:**

1.1 TDMHDD promotes and enhances service recipient and family member advocacy.

**STRATEGIES:**

1.1.1 In FY 2004, OPI E will solicit and publish advocacy stories in internal and external media outlets, to be reported in March and July 2004. PM

1.1.2 **COMPLETED FY 03**

1.1.3 In FY 2004, OCA will increase awareness of service recipient rights by providing ombudsman assistance to service recipients and family members having problems accessing mental health or developmental disability services, to be reported in March and July 2004.

1.1.4 By April 2004, DMHS will recruit representatives from minority groups for the Cultural Competence Committee of the Mental Health Planning and Policy Council, to be reported in April 2004. PM

1.2 Service recipients and family members participate in the design, implementation and evaluation of the service system.

**STRATEGIES:**

1.2.1 By October 2004, under the Nashville Connection grant, Children and Youth Services (CYS) will develop education and training regarding youth involvement in system development, to be reported in October 2003 and November 2004. PM

1.2.2 By October 2003, OCA will develop new and enhance current communications, including e-mail groups and quarterly newsletters with service recipients and family members, to be reported in October 2003.

1.2.3 **COMPLETED FY 03**

1.2.4 In FY 2004, OCA will provide service recipient perspective input into departmental policy making efforts on an ongoing basis via the TennCare Partners Roundtable and Consumer Advisory Board annual reports, to be reported in March and July 2004.

1.2.5 By July 2004, TDMHDD will appoint and support members to the departmental, division, and regional planning councils, including committees of those councils, to be reported in July 2004.

- 1.2.6 By May 15, 2004, DMHS and DMRS will submit nominees to OPD to assure that all councils reflect membership as required by statute and the cultural diversity, race and gender characteristics of the state, to be reported in July 2004. PM
- 1.2.7 By October 2004, CYS will ensure family input into the Nashville Connection System of Care local and national evaluation by the Family Advisory Group, to be reported in April and October 2004.

### 1.3 The mental health and developmental disability service systems reflect the cultural diversity of Tennessee.

#### STRATEGIES:

- 1.3.1 In FY 2004, DMHS will provide technical assistance, training and education in developing a culturally competent mental health service system, to be reported in April 2004. PM
- 1.3.2 In FY 2004, the Cultural Competence Committee will make recommendations to the Mental Health Planning and Policy Council to improve cultural diversity in the mental health and developmental disability service systems, to be reported in March and July 2004. PM
- 1.3.3 In FY 2004, OMD will raise minority mental health issues in monthly meetings of the executive committee of the Minority Health Summit and report relevant issues to Executive Staff as necessary, to be reported in March and July 2004.
- 1.3.4 In FY 2004, DMHS will partner with ethnic publications to distribute mental health information to the Hispanic community, to be reported in March and July 2004. PM
- 1.3.5 In FY 2004, DMHS will partner with ethnic service organizations to increase community awareness of mental health services, to be reported in March and July 2004. PM
- 1.3.6 By October 2003, DMHS will develop a list of staff who speak a second language at all facilities and in TDMHDD offices, to be reported in October 2003.
- 1.3.7 By October 2003, DMHS will distribute a directory of ethnically diverse providers to all contract agencies and RMHIs, to be reported in October 2003.
- 1.3.8 By April 2005, DMHS will provide, to all contracted agencies, assessment instruments to conduct an evaluation of the agency's cultural competence, to be reported in April 2004 and 2005.
- 1.3.9 By July 2004, DMHS will require that all service providers collect the same ethnic information, to be reported in March and July 2004.
- 1.3.10 By October 2004, DMHS will identify cultural competence groups in Tennessee and promote the development of a list serve to connect these groups to enhance and promote sharing of information, to be reported in October 2003 and 2004.

### GOAL 2:

### **TENNESSEANS UNDERSTAND AND ACCEPT CHILDREN AND ADULTS WITH MENTAL ILLNESS, SERIOUS EMOTIONAL DISTURBANCE OR DEVELOPMENTAL DISABILITY.**

#### OBJECTIVES:

- 2.1 TDMHDD will increase the acceptance of permanent, safe, quality, affordable housing options for people with mental illness, serious emotional disturbance, or developmental disability.

STRATEGIES:

2.1.1 **COMPLETED FY 03**

2.1.2 **COMPLETED FY 03**

2.1.3 In FY 2004, OHPD will sponsor a statewide mass media campaign to reduce the stigma experienced by service recipients with mental illness and provide a more welcoming environment in Tennessee neighborhoods (via the CMS *Real Choice Systems Change* grant), to be reported in March and July 2004. PM

2.1.4 By November 2003, OHPD will establish a housing academy that will hold yearly in-depth training for all community stakeholders to assist in reducing stigma and increasing housing production (via the CMS *Real Choice Systems Change* grant), to be reported in November 2003. PM

2.1.5 By March 2004, OHPD will complete research to determine the most effective housing options implemented through the Creating Homes Initiative (CHI) (via the CMS *Real Choice Systems Change* grant), to be reported in March 2004. PM

2.1.6 **COMPLETED FY 03**

2.1.7 By January 2004, OHPD will provide community mental health and housing stakeholders: up-to-date housing/support services education, one-on-one grant preparation training, consultation and exploration of access to matching public and private funds, to be reported in January 2004.

2.1.8 **COMPLETED FY 03**

2.1.9 In FY 2004, OHPD will oversee the implementation and content maintenance of a comprehensive statewide housing knowledge web-based resources system (via the CMS *Real Choice Systems Change* grant), to be reported in March and September 2004.

2.1.10 In FY 2004, OHPD will begin administering the evaluation survey to mental health service recipients in four identified areas of the *Real Choice Systems Change* grant, to be reported in January 2004. PM

- 2.2 TDMHDD promotes activities and services that provide alternatives to the "criminalization" of mental illness, serious emotional disturbance, and developmental disability.

STRATEGIES:

2.2.1 In FY 2004, DMHS will offer training and education to community law enforcement, sheriff personnel, identified transporting agents, and other criminal justice personnel on characteristics of mental illness and mental health crisis management, to be reported in March and July 2004. PM

2.2.2 In FY 2004, DMHS supports collaborative relationships between the mental health and criminal justice systems, community, family and service recipient groups through a committee of the Mental Health Planning and Policy Council and funding of Criminal Justice/Mental Health (CJ/MH) liaison projects, to be reported in March and July 2004. PM

- 2.2.3 By July 2004, DMHS will provide statewide, interdisciplinary training and education to both the criminal justice and mental health systems on the unique needs of persons with mental illness, to be reported in March and July 2004. PM
- Req. \$ 2.2.4 In FY 2005, DMHS provides and participates in activities that lead to early identification, assessment, and diversion services for persons with a mental illness who are involved in the criminal justice system, to be reported in March and July 2005. PM
- 2.2.5 **COMPLETED FY 03**
- Req. \$ 2.2.6 In FY 2004, and continuing in FY 2005, DMHS will expand mental health liaison services to persons in the criminal justice system, to be reported in September 2003 and 2004 and March 2005.
- 2.2.7 **COMPLETED FY 03**
- 2.2.8 In FY 2004, ODD will collaborate with DMHS to provide training and education to community law enforcement, sheriff personnel, identified transporting agents and other criminal justice personnel on characteristics of developmental disabilities through the Criminal Justice/Mental Health Liaison Projects, to be reported in March and July 2004.
- 2.3 TDMHDD increases awareness, knowledge and sensitivity of the public, state entities and other relevant parties regarding mental illness, serious emotional disturbances and developmental disabilities, including the service needs of these populations.
- STRATEGIES:
- 2.3.1 In FY 2004, the Commissioner and OPI E will launch a statewide anti-stigma campaign, to be reported in March and July 2004.
- 2.3.2 In FY 2003, DMHS, DMRS and ODD will promote public awareness of the respite needs of parents whose children have serious emotional disturbance or developmental disability, to be reported in July 2003. PM
- Req. \$ 2.3.3 In FY 2004, DMRS will conduct three regional needs assessment stakeholder forums to identify unmet needs, including medical and dental service needs of people who have mental retardation, to be reported in March and July 2004. **DELETED - MOVED TO OBJECTIVE 2.5**
- 2.3.4 In FY 2004, OCA will collaborate with OPI E and advocacy groups to promote public awareness of the service recipient perspective of issues involving mental health and developmental disabilities, to be reported in October 2003 and March 2004.
- Req. \$ 2.3.5 By September 2003, OPI E will develop an anti-discrimination CD with information packets for statewide distribution and promote anti-discrimination efforts within the TDMHDD, to be reported in September 2003.
- 2.3.6 In FY 2004, OPI E will promote public awareness activities in the community by having exhibits at seminars, workshops and training sessions; pursuing anti-discrimination efforts in schools and other public venues; and participating in community forums and related venues, to be reported in March and July 2004. PM
- 2.3.7 By October 2004, OMD will implement and oversee the Tennessee Interdisciplinary Health Policy Program (TI HPP) by establishing monthly internships where medical, law and pharmacy students participate as a group in government agency-sponsored

- internships to learn the value and effectiveness of the multi-disciplinary approach to health care policy development, to be reported in March and October 2004.
- 2.3.8 By July 2004, OMD and OPI E will develop, provide and oversee internships for individual under-graduate and graduate students in mental health policy and treatment, to be reported in March and July 2004.
  - 2.3.9 In FY 2004, OPI E will expand distribution of success stories by strengthening existing publications with additional service recipient success stories and developing "success stories/materials" for news media and other publications, to be reported in March and July 2004. PM
  - 2.3.10 COMPLETED FY 03
  - 2.3.11 **COMPLETED FY 03**
  - 2.3.12 COMPLETED FY 03
  - 2.3.13 COMPLETED FY 03
  - 2.3.14 In FY 2004, OPI E will promote the TDMHDD web site with media outlets, to be reported in March and July 2004. PM
  - 2.3.15 In FY 2004, through training of professionals, service recipients and families, DMHS and DMRS will promote the acceptance of service recipients with co-occurrence of mental illness and substance abuse and service recipients with a dual diagnosis of mental retardation and mental illness, to be reported in March and July 2004. PM
  - 2.3.16 In FY 2004, OPI E will produce public relations materials to increase public awareness of effective treatments for mental illness, including the co-occurring disorders of mental illness and substance abuse to be reported in March and July 2004. PM
  - 2.3.17 By July 2004, DMHS will develop an older adult mental health coalition in four regions across the state, to be reported in March and July 2004. PM
  - 2.3.18 In July 2004, DMHS will promote public awareness of respite needs of caregivers for older adults in four regions of the state, to be reported in March and July 2004. PM
  - 2.3.19 In FY 2004, OMD, through department-wide inservice training programs, will promote education and understanding about mental health diagnoses among all TDMHDD staff, to be reported in March and July 2004. PM
- 2.4 TDMHDD, in collaboration with its Planning and Policy Council, will build partnerships with non-traditional partners and stakeholders to assure that the services and supports needs of persons with mental illness, serious emotional disturbance or developmental disability are met.
- STRATEGIES:
- 2.4.1 In FY 2004, OPD, in collaboration with its Planning & Policy Council, will assess the impact of an incomplete comprehensive system of services and supports for people with mental illness, serious emotional disturbance and developmental disabilities on other service systems, e.g., prisons, jails, the Department of Children's Services, Adult Protective Services, homeless programs, nursing homes, homes for the aged, etc., and make recommendations based on the findings, to be reported in March and July 2004.



- 2.4.2 In FY 2005, TDMHDD (DMHS) will develop partnerships with trade representatives from businesses, insurers, TN Department of Economic and Community Development (TDECD), TN Dept. of Commerce and Insurance (TDCI), chambers of commerce, mental health associations and consumer and family stakeholders to increase awareness of the impact and cost of untreated and under-treated mental illness and to gain support for removal of financial and bureaucratic barriers to treatment and increase access to affordable insurance, to be reported in March and July 2005.
- Req. \$ 2.4.3 In FY 2005, DMHS and OPI E will develop information packets for businesses and public information on the impact and cost of untreated and under-treated mental illness, to be reported in March and July 2005.
- 2.4.4 By July 2004, OMD and OPI E will request medical schools to offer courses on identifying and treating individuals with mental illness, mental retardation, substance abuse and co-occurring disorders, to be reported in March and July 2004.
- 2.4.5 In FY 2006, TDMHDD will collaborate with the Tennessee Department of Commerce and Insurance with the goal of developing legislation to ensure that behavioral health benefits are in parity with physical health benefits, to be reported in January and July 2006.

2.5 TDMHDD will promote activities that lead to improved physical health care status of persons with mental illness, serious emotional disturbance or developmental disabilities.

STRATEGIES:

- 2.5.1 In FY 2004, the TDMHDD Commissioner will initiate a collaborative effort with the Department of Health to educate new mothers about the mental health needs of newborns and infants, to be reported in October 2004. **DELETED - MOVED TO OBJECTIVE 3.1**
- 2.5.2 In FY 2004, DMHS will seek potential grant opportunities to demonstrate the effectiveness of integrated physical and behavioral health care, to be reported in March and July 2004. PM
- 2.5.3 In FY 2004, DMRS will conduct three regional needs assessment stakeholder forums to identify unmet needs, including medical and dental service needs of people who have mental retardation, to be reported in March and July 2004.
- 2.5.4 In FY 2004, the DMRS Health Director will assess the health care needs of persons with mental retardation and mental illness who receive services from DMRS, to be reported in March and July 2004.

**GOAL 3:**

**THE FREQUENCY AND INTENSITY OF DEVELOPMENTAL DISABILITY, SERIOUS EMOTIONAL DISTURBANCE AND MENTAL ILLNESS WILL DECREASE.**

OBJECTIVES:

3.1 TDMHDD provides prevention and early intervention services and education to persons or families with persons at risk of or who have developmental disability, serious emotional disturbance, or mental illness.

STRATEGIES:

- Req. \$ 3.1.1 In FY 2004, DMHS will expand prevention, education, early intervention and support services for adults and their families impacted by, or at-risk of, mental illness, to be reported in March and July 2004.
- Req. \$ 3.1.2 By October 2005, CYS will expand prevention, education, early intervention and support services for children and their families impacted by, or at risk of, mental illness or serious emotional disturbance, to be reported in April and October 2005. PM
- Req. \$ 3.1.3 By September 2005, CYS will provide prevention and early intervention services for at-risk children, including but not limited to suicide prevention and homeless outreach, to be reported in March and September 2005. PM
- 3.1.4 By July 2004, DMHS and CYS will identify innovative and best practices for adults and children with mental illness or serious emotional disturbance to address gaps in the service system, to be reported in March and July 2004. PM
- 3.1.5 Beginning in FY 2003, OMC will develop Partners Program eligibility policies to assist service recipients in obtaining services prior to the need for emergency hospitalization, to be reported in August. PM **DELETED - NOT A OMC FUNCTION**
- 3.1.6 In FY 2004, TDMHDD (OMC) will work with the Bureau of TennCare and other child serving departments to improve access to and quality of prevention and early intervention services, to be reported in March and July 2004.
- 3.1.7 By April 2004, OMD will educate parents, professionals and adolescents about youth violence by partnering with "Yes 2 Kids" organization to sponsor an annual Youth Violence Prevention conference and by participating in the implementation of a "grassroots" initiative focusing on the reduction of youth violence in the community, to be reported in April 2004. PM
- 3.1.8 In FY 2005, OPI E, in collaboration with DMHS, will develop materials which promote good mental health, to be included with information on inoculations the DoH sends to all new mothers, to be reported in June 2005.
- 3.1.9 In FY 2004, the criminal justice liaisons will assist in early identification of persons with serious mental illness who are involved in the criminal justice system to promote diversion, when appropriate, and ensure continuity of care through referral and linkage to community services and treatment when entering the criminal justice system or the community, to be reported by DMHS in March and July 2004. PM
- 3.1.10 In FY 2004, the TDMHDD Commissioner will initiate a collaborative effort with the Department of Health to educate new mothers about the mental health needs of newborns and infants, to be reported in October 2004.

3.2 DMHS supports activities that lead to the early identification of mental health needs of older adults.

STRATEGIES:

- Req. \$ 3.2.1 In FY 2005, DMHS will promote and participate in activities that lead to the early identification and treatment of older Tennesseans with mental illness in four areas of the state, to be reported in March and July 2005. PM
- Req. \$ 3.2.2 In FY 2005, OMD, in collaboration with DMHS and OPI E, will educate primary care providers and human service professionals about mental health and aging issues by developing informative materials for use by primary care physicians and human service professionals, to be reported in March and July 2005. PM
- 3.2.3 OMD staff, in collaboration with DMHS and OPI E, will stay current on the most efficacious mental health treatments, to be reported in July. PM **DELETED - (THIS STRATEGY COVERED IN OBJECTIVE 5.5)**

3.3 The mental health needs of children and adults with developmental disability are identified early.

STRATEGIES:

- 3.3.1 In FY 2004, DMRS, in collaboration with DMHS and ODD, will assist in the early identification of mental health needs of children and adults with developmental disabilities, to be reported in March and July 2004. PM
- 3.3.2 In FY 2004, DMHS, in conjunction with OPI E, will develop educational information about mental health for adults and parents of children with developmental disabilities, to be reported in March and July 2004.
- 3.3.3 By December 2003, DMHS will investigate mental health early identification service models for persons with developmental disabilities, to be reported in December 2003. PM
- 3.3.4 By December 2003, DMHS will invite MR/DD service providers to participate in the mental health regional planning and policy councils for developing service integration and interface, to be reported in January 2004. PM

3.4 TDMHDD will develop a model system of care for children and youth that can be implemented statewide.

STRATEGIES:

- 3.4.1 By October 2004, CYS will provide a minimum of four training and education opportunities on family involvement in child service systems to state and local agencies, to be reported in April and October 2004.
- 3.4.2 By October 2004, CYS will identify and recommend improvements for services to families in which both adults and children have mental health needs, to be reported in April and October 2004. PM
- 3.4.3 By October 2004, CYS will support the State System of Care Council for Children to identify and address gaps in the state system to enable communities to develop local systems of care for children with serious emotional disturbance and their families, to be reported in April and October 2004.
- 3.4.4 By October 2004, through the System of Care grant, CYS will conduct six technical assistance and support training sessions to community groups on developing local systems of care, with two additional systems of care sites to be established in Memphis and Knoxville, to be reported in April and October 2004.

Req. \$ 3.4.5 In FY 2005, TDMHDD will maintain and expand the System of Care model to two additional sites, to be reported in March and July 2005.

3.5 Licensure deficiencies, especially those which may lead to abuse, will be reduced.

STRATEGIES:

3.5.1 In FY 2004, the Office of Licensure will assist licensees by providing training and technical assistance on compliance with licensure rules and protecting the rights of service recipients, to be reported in March and July 2004. PM.

Req. \$ 3.5.2 In FY 2005, the Office of Licensure will develop a Commissioner's Award of Excellence to present annually to public and private entities, which exceed basic quality standards and receive no complaints or allegations of abuse or neglect, to be reported in March and July 2005. PM

3.6 TDMHDD promotes activities and education for all ages to decrease deaths by suicide.

STRATEGIES:

3.6.1 By July 2004, OMD will participate monthly in an interdisciplinary meeting to provide staff support to the Tennessee Suicide Prevention Network in accomplishing, assessing and revising, as needed, the Network's strategies, to be reported in March and July 2004.

3.6.2 **COMPLETED FY 03**

3.6.3 By January 2005, TDMHDD, through the participation in the Governor's Suicide Prevention Advisory Committee, will implement the eleven TN Suicide Prevention Strategies, to be reported in October 2004 and January 2005.

3.6.4 **COMPLETED FY 03**

Req. \$ 3.6.5 In FY 2005, TDMHDD will develop materials about mental illness, particularly depression and suicide, that are tailored to older Tennesseans and make available to entities that serve older adults, to be reported in March and July 2005.

3.6.6 By December 2004, TDMHDD through funding of the Jason Foundation, will implement *A Promise for Tomorrow* suicide prevention education curriculum in every middle and high school in the state to increase awareness of risk factors for youth and suicide, to be reported in December 2003 and 2004.

3.7 TDMHDD promotes activities and service system supports which enhance the transition of persons from the adolescent service system to the adult mental health service system.

STRATEGIES:

3.7.1 In FY 2004, CYS will complete a report that includes barriers to services, identifying important service components, existing services and activities, and service policy considerations and makes recommendations for system enhancements, to be reported in March and July 2004.

- 3.7.2 In FY 2004, CYS will gather relevant data and anecdotes that demonstrate the need for transition planning for adolescents into the adult mental health system, to be reported in March and July 2004.
- 3.7.3 In FY 2004, CYS will increase awareness by educating and informing key stakeholders of the needs and issues of adolescents with serious emotional disturbance as they transition into adult mental health services, to be reported in March and July 2004. PM
- 3.7.4 In FY 2004, CYS will collaborate with other state and local agencies and develop interagency agreements including agreed upon procedures needed to enhance the transition of adolescents to adult mental health services, to be reported in March and July 2004.

#### **GOAL 4:**

#### **PEOPLE WITH SERIOUS MENTAL ILLNESS, SERIOUS EMOTIONAL DISTURBANCE OR DEVELOPMENTAL DISABILITY HAVE ACCESS TO COMPREHENSIVE AND APPROPRIATE SERVICES AND SUPPORTS IN THE LEAST RESTRICTIVE ENVIRONMENT.**

#### **OBJECTIVES:**

- 4.1 Resource availability assures that appropriate services are provided.

##### **STRATEGIES:**

- 4.1.1 In FY 2004, ODD and DMHS will investigate new or innovative funding mechanisms that support the mission of the department, to be reported in March and July 2004. PM
- 4.1.2 In FY 2004, DMHS and ODD will identify and, as appropriate, apply, refer and/or assist others with federal and other grant applications to enhance current mental health services, to be reported in March and July 2004. PM
- 4.1.3 In FY 2004, the Executive Management Committee will review grant opportunities identified by ODD and DMHS, determine priorities and assign staff as appropriate. DMHS and ODD Director to report in March and July 2004.
- 4.1.4 By July 2005, DMHS will identify by type and quantity community treatment, support, and placement resources needed to allow for the successful discharge of long-term adult service recipients from the RMHIs, to be reported in March and July 2005. PM
- Req. \$ 4.1.5 In FY 2005, DMHS and ODD will increase availability of conservators and the legal assistance to obtain them for individuals with mental illness or developmental disabilities living in the community who are eligible to leave residential or inpatient services, to be reported in March and July 2005. PM

- 4.2 Annual and ongoing assessments reflect the need for mental health and developmental disability services and supports.

##### **STRATEGIES:**

- 4.2.1 In FY 2004, DMHS and ODD will identify and prioritize gaps and capacity in the service system for persons with mental illness, serious emotional disturbances and developmental disabilities, to be reported in March and July 2004.
  - 4.2.2 In FY 2004, DMHS will continue development of the continuum of care and service inventory, to be reported in March and July 2004.
  - 4.2.3 In FY 2004, DMHS will participate with the Service Planning and Oversight Committee of the Mental Health Planning and Policy Council to develop a priority listing of innovative services, to be reported in March and July 2004. PM
  - 4.2.4 In FY 2004, ODD will collaborate with the DD Planning and Policy Council to assess the need for developmental disability services and supports and will prioritize recommendations for funding, to be reported in March and July 2004.
  - 4.2.5 In FY 2004, OMC will approve the BHOs' consumer and provider satisfaction surveys and report the results of the surveys to TDMHDD management to address needs identified, to be reported in March and July 2004.
- 4.3 Service recipients have timely access to appropriate services.  
STRATEGIES:
- 4.3.1 In FY 2004, OMC will monitor access to services under the TennCare Partners Program, to be reported in March and July 2004.
  - 4.3.2 In FY 2004, OMC will collaborate with the BHOs to address the issues associated with a lack of or insufficient service delivery capacity, to be reported in March and July 2004.
- 4.4 TDMHDD promotes and will increase service options, especially for special populations.  
STRATEGIES:
- 4.4.1 In FY 2004, DMHS will provide Targeted Transitional Support services to individuals ready for discharge from RMHIs but needing temporary financial assistance for community living until financial resources are realized, to be reported in March and July 2004. PM
  - 4.4.2 By 2004, OMC will require BHO contracts to have a provision that A&D and mental health providers have training on both disorders, to be reported in March and July 2004.
- Req. \$ 4.4.3 In FY 2004, DMRS will provide mandatory community-based services for certain adults with mental retardation, to be reported in March and July 2004.
- 4.4.4 In FY 2004, DMHS and the Bureau of A&D will collaborate to develop a partnership that jointly addresses the needs of persons with co-occurring mental health and substance abuse disorders, including liaison activities to share information and coordinate interdepartmental activities, to be reported in March and July 2004. PM
- 4.5 People with dual diagnosis or co-occurring disorders receive appropriate integrated services.  
STRATEGIES:

- Req. \$ 4.5.1 In FY 2005, DMHS will collaborate with the Bureau of A&D, mental health and developmental disability providers to provide opportunities for staff to receive cross training specific to co-occurring disorders, to be reported in March and July 2005. PM
- Req. \$ 4.5.2 In FY 2005, DMHS, DMRS and A&D will provide opportunities for individuals with co-occurring mental illness and substance abuse or dual diagnosis of mental retardation with mental illness or any combination of these diagnoses to receive integrated treatment, to be reported in March and July 2005. PM
- 4.5.3 **COMPLETED FY 03**
- Req. \$ 4.5.4 In FY 2004, DMRS will develop appropriate services and supports for service recipients with mental retardation in RMHIs who need less restrictive alternatives, to be reported in March and July 2004.
- Req. \$ 4.5.5 In FY 2005, DMRS and DMHS will develop a pilot program in each of the three grand divisions of the state to provide services and supports to individuals with mental retardation and mental illness, to be reported in March and July 2005.
- 4.5.6 In FY 2004, DMRS and DMHS, will assess the need for community-based services for dually diagnosed service recipients at the RMHIs, to be reported in March and July 2004.
- 4.5.7 In FY 2004, DMRS and DMHS, in collaboration with the Bureau of TennCare, will develop a proposal for funding from the Council on Developmental Disabilities and implement a project to identify effective interventions and develop processes for integrated services for individuals with a dual diagnosis of mental retardation and mental illness, to be reported in March and July 2004.

#### 4.6 Quality inpatient psychiatric services are available to adults, children and youth in each region of the state and function as a safety net to the most vulnerable.

##### STRATEGIES:

- 4.6.1 In FY 2004, DMHS will make recommendations on the number and type of RMHI beds required in the public mental health system, based on trends and patterns of RMHI utilization and the availability of private inpatient resources, to be reported in July 2004. PM
- 4.6.2 In FY 2004, DMHS and DAS will assist the RMHIs to maintain accreditation by the Joint Commission on Accreditation of Healthcare Organizations and certification by the Centers for Medicare and Medicaid Services, reporting survey outcomes per occurrence, to be reported in March and July 2004. PM
- 4.6.3 DMHS will make recommendations on the number and type of RMHI beds required in the public mental health system annually, to be reported in July 2003. **DELETED - COMBINED WITH STRATEGY 4.6.1**
- 4.6.4 **COMPLETED FY 03**
- 4.6.5 In FY 2003, the Commissioner and DMHS will appoint a task group to study the state's private and public psychiatric inpatient system to seek consensus/collaboration among private and public providers on how best to serve people who need inpatient psychiatric treatment after the loss of the exception from the IMD exemption, to be reported in July 2003.

- 4.6.6 In FY 2004, the IMD task group will develop a plan that will describe how best to serve people who need inpatient psychiatric treatment after the loss of the exception from the IMD exemption, to be reported by the Commissioner and DMHS in December 2003 and July 2004.

#### 4.7 Appropriate alternatives to hospitalization will increase.

##### STRATEGIES:

- 4.7.1 In FY 2004, DMHS, in conjunction with OMC and the BHOs, will develop plans, including cost estimates, for the development of specialized community programs to allow the successful discharge of long-term adult RMHI service recipients, to be reported in March and July 2004. PM
- 4.7.2 In FY 2004, DMHS, in conjunction with OMC and the BHOs, will develop plans, including cost estimates, for the enhancement of community-based crisis stabilization services for service recipients who are at risk for potential psychiatric hospitalization at the RMHIs, to be reported in March and July 2004. PM
- 4.7.3 In FY 2004, DMHS will assist in exploring funding options for the development of specialized community programs to allow the successful discharge of long-term adult RMHI service recipients, to be reported in March and July 2004. PM
- 4.7.4 DMHS, in conjunction with DMRS, will assess the need for community-based services for dually diagnosed service recipients at the RMHIs, to be reported in March and September. **DELETED - Moved to Objective 4.5**
- 4.7.5 In FY 2004, DMHS will assist with exploring funding options for the development of enhanced community-based crisis stabilization services for service recipients who are at risk for psychiatric hospitalization at the RMHIs, to be reported in March and July 2004. PM

#### 4.8 TDMHDD will implement an Employment First plan for people with mental illness or developmental disability.

##### STRATEGIES:

- 4.8.1 In FY 2004, TDMHDD will explore possible funding sources, grants and employment opportunities through the Department of Labor and Workforce Development for youth and adults with mental illness, developmental disability or serious emotional disturbance, to be reported in March and July 2004. PM
- 4.8.2 By October 2005, TDMHDD (DMHS) will develop best practice guidelines for vocational service by working with service providers, advocates, and AdvoCare, to be reported in April and October 2005.
- 4.8.3 In FY 2004, ODD will use the Tennessee Employment Consortium plan as a template for people with developmental disability, to be reported in March and July 2004.
- 4.8.4 In FY 2004, TDMHDD will integrate an Employment First plan with the work of other employment agencies such as Advocare, Division of Rehabilitation Services, Ticket to Work, and Labor and Workforce Development, to be reported in March and July 2004.



4.9 TDMHDD will identify and address transportation needs for individuals with mental illness, serious emotional disturbance, or developmental disability.

STRATEGIES:

- 4.9.1 By January 2004, TDMHDD, through the Mental Health Planning and Policy Councils and the Developmental Disabilities Planning and Policy Councils, will assess the availability of and the need for transportation in each of its planning regions, to be reported in January 2004.
- 4.9.2 By December 2003, TDMHDD will convene a stakeholders meeting to identify, plan for and prioritize transportation issues, to be reported in December 2003. PM
- 4.9.3 By July 2004, DMHS and ODD will each prepare a transportation action plan, to be reported in March and July 2004. PM
- 4.9.4 In FY 2004, DMHS will assist counties in identifying secondary transporting agents for individuals who require emergency involuntary hospitalization, to be reported in March and July 2004. PM
- 4.9.5 By March 2004, the Commissioner will initiate the development of interagency agreements with TDOT, other affected state agencies, local government and service providers that assure the availability of generic and specialized transportation services to service recipients and their families, coordinate service options and maximize funding mechanisms, to be reported in March 2004.
- \*Req. \$ 4.9.6 In FY 2005, DMHS, DMRS and ODD will work in partnership with state and local transportation authorities to plan for and expand transportation options for people with mental illness, serious emotional disturbance or developmental disability, to be reported in March and July 2005.
- 4.9.7 In FY 2004, DMHS will provide training for transportation agents on best practices for transporting service recipients, to be reported in March and July 2004.

4.10 Persons with developmental disabilities have access to TDMHDD services and supports.

STRATEGIES:

- 4.10.1 In FY 2005, ODD will use the Community-Based Services Planning Commission Report and Recommendations as a template for development of services and supports for people with developmental disabilities, to be reported in March and July 2005.
- 4.10.2 For FY 2005, TDMHDD will seek funds to expand services for people with developmental disabilities, other than mental retardation, to be reported in March and July 2004.
- Req. \$ 4.10.3 In FY 2005, TDMHDD will develop and implement services and supports for individuals with developmental disabilities, to be reported in March and July 2005.

4.11 TDMHDD facilitates entry into services.

STRATEGIES:

- Req. \$ 4.11.1 In FY 2005, DMHS will provide a statewide information and referral service for mental health and substance abuse service recipients, to be reported in March and July 2005.
- 4.11.1 In FY 2005, ODD, in collaboration with the Kennedy Center, will expand the capacity of the Tennessee Disability Information and Referral Office to provide information

and referral about state services available to people with developmental disability, to be reported in March and July 2005.

- 4.11.3 In FY 2005, TDMHDD will have a system of local access for people with developmental disability, to be reported in March and July 2005.

4.12 TDMHDD will increase the availability of safe, accessible, quality, and affordable housing options for people with mental illness, serious emotional disturbance or developmental disability.

STRATEGIES:

- 4.12.1 In FY 2004, the OHPD will expand the CHI Task Forces to include Knoxville, Murfreesboro, Johnson City and Clarksville to cover the seven mental health planning council regions, to be reported in March and July 2004.
- 4.12.2 By FY 2005, the OHPD will work with the Mental Health Planning and Policy Council Housing Committee, CHI Task Forces and CHI Regional Housing Facilitators to develop partnerships with local housing stakeholders building upon the accomplished goal of 2005 by securing 2005 more housing options for persons with mental illness, to be reported in September 2003, 2004 and July 2005. PM
- 4.12.3 By September 2003, the OHPD, in collaboration with the local CHI Task Forces and Regional Housing Facilitators, will develop and implement a comprehensive quality housing assessment and monitoring plan to create and sustain high quality housing for persons with mental illness, to be reported in September 2003.
- 4.12.4 By September 2003, the OHPD will collaborate with DMRS on best practices to expand housing options for persons with mental retardation, to be reported in September 2003.
- 4.12.5 In FY 2004, DMHS will determine the additional dollars necessary for the Independent Living Assistance program, to be reported in March and July 2004. PM
- 4.12.6 In FY 2004, DMHS will provide rental assistance and assisted living options to 2,000 unduplicated service recipients with severe and persistent mental illness, to be reported in March and July 2004. PM
- 4.12.7 In FY 2004, DMRS will provide rental assistance, minor home modification and assisted living options to service recipients with developmental disability, to be reported in March and July 2004.
- 4.12.8 In FY 2004, DMRS will provide assistance to people with mental retardation to gain home ownership, to be reported in March and July 2004.
- 4.12.9 By FY 2004, TDMHDD will evaluate the need for transitional housing for persons leaving RMHIs following forensic hospitalization, to be reported in July 2003. PM
- 4.12.10 In FY 2004, DMHS will, via the Projects to Aid in Transition from Homelessness (PATH) federal grant, provide safe and affordable housing and mental health case management services for individuals with severe and persistent mental illness who are homeless, to be reported in December 2003 and July 2004. PM
- Req. \$ 4.12.11 In FY 2006, ODD will collaborate with OHPD to provide assistance to people with developmental disability to gain home ownership, to be reported in March and July 2006.

4.13 Improve the quality of life of individuals currently residing in mental health supportive living facilities.

STRATEGIES:

- 4.13.1 In FY 2004, OHPD will collaborate with the DMRS to determine the interest of mental retardation residential service providers with HUD/THDA homes to make such homes available for supportive living facility (SLF) service recipients, to be reported in March and July 2004.
- 4.13.2 In FY 2004, CHI Regional Housing Facilitators will conduct outreach meetings to educate SLF operators in their regions on the HUD Section 8 program, with specific emphasis on application and certification matters and an increase in HUD Section 8 vouchers for persons with disabilities, to be reported in September 2003 and July 2004.
- 4.13.3 In FY 2004, CHI Regional Housing Facilitators will conduct training to supportive living facilitators on housing resources and housing options, to be reported in September 2003 and July 2004.
- 4.13.4 In FY 2004, CHI Regional Housing Facilitators, in conjunction with the DMHS, will conduct an assessment of the housing needs of service recipients residing in supportive living facilities, to be reported in September 2003 and July 2004.
- 4.13.5 In FY 2004, the CHI Project, DMHS and Licensure will assess the training needs of supportive living facilities' staff and develop a training package that addresses those training needs, to be reported in September 2003 and July 2004.

**GOAL 5:**

**TDMHDD MAKES SERVICE SYSTEM DECISIONS BASED ON ADEQUATE INFORMATION FROM SERVICE RECIPIENTS, FAMILIES, DATA AND OUTCOMES.**

OBJECTIVES:

5.1 TDMHDD's information system will provide necessary information and be responsive to the Department's data needs.

STRATEGIES:

- 5.1.1 In FY 2004, OMD will collect data from public mental health providers and will request data from private mental health providers on the usage of ECT and isolation and restraint and report to the TDMHDD Planning and Policy Council by July 2004. PM
- 5.1.2 OMC will access the TennCare database to produce reports requested by the management of TDMHDD, regional and state planning councils and the TDMHDD Planning and Policy Council, to be reported in July. **DELETED. COMBINED WITH STRATEGY 5.2.2**
- 5.1.3 In FY 2004, DMRS will collect data from public service providers and request data from private providers on the usage of isolation and restraint and report to the TDMHDD Planning and Policy Council by July 2004. PM
- 5.1.4 **COMPLETED FY 03**

- 5.1.5 In FY 2004, DMHS will assure that all funded services have established reporting mechanisms, to be reported in March and July 2004. PM
  - 5.1.6 In FY 2004, DMHS and DAS will integrate the Behavioral Health Information System (BHIS) and Forensic Services, to be reported in March and July 2004. PM
  - 5.1.7 In FY 2005, TDMHDD will establish a unit to develop an information system that enables the department to collect, manipulate and collate data to assess the mental health needs of the state, to be reported in March and July 2005.
  - 5.1.8 In FY 2004, TDMHDD will seek legislative change to give TDMHDD enforcement authority to obtain information from private and public service providers as required by T.C.A. §33-1-307 necessary to plan a comprehensive system of care and to comply with other data requirements in Title 33, to be reported in March and July 2004.
- 5.2 TDMHDD will educate managers and stakeholders about the Department's information system and then develop strategies for educating persons about accessing and effectively utilizing available information.
- STRATEGIES:
- 5.2.1 In FY 2004, DMHS will educate all Division staff, members of the Mental Health Planning & Policy Council and providers about the data collected and reports generated by the Division for DMHS funded services, to be reported in March and July 2004. PM
  - 5.2.2 In FY 2004, OMC will make reports available regarding TennCare Partners service utilization, priority population and provider networks to the TennCare Partners Roundtable, TDMHDD staff and departmental, division and regional planning and policy councils, to be reported in March and July 2004.
- 5.3 TDMHDD will establish service performance measures.
- STRATEGIES:
- 5.3.1 In FY 2004, DMHS will define and document performance measures for all funded services, to be reported in March and July 2004. PM
  - 5.3.2 In FY 2004, DMHS will monitor the appropriateness, effectiveness and performance of all DMHS funded services through the analysis of performance indicator data, to be reported in March and July 2004. PM
  - 5.3.3 In FY 2004, OMC will monitor the contractual performance indicators of the BHOs and reports completed, as per the monitoring plan, to be reported in March and July 2004.
- 5.4 TDMHDD provides clinical quality oversight.
- STRATEGIES:
- 5.4.1 In FY 2004, OMD will review the BHO provider network for clinical adequacy, to be reported in March and July 2004.
  - 5.4.2 In FY 2004, OMD will review appeals data quarterly to identify issues and trends, to be reported in March and July 2004. PM

- 5.4.3 In FY 2004, OMD will provide clinical quality oversight of the behavioral health service system by conducting ongoing clinical record reviews of individuals discharged from the RMHIs and will follow up by reviewing records at the respective community mental health agencies, to be reported in March and July 2004.

## 5.5 TDMHDD identifies and promotes best practices.

### STRATEGIES:

- 5.5.1 During ongoing, on-site visits to providers, OMD will monitor provider utilization of the TennCare-approved Best Practice Guidelines and the related consumer outcomes and will issue a report monthly, to be reported in July. PM **DELETED - COVERED IN STRATEGY 5.4.3**
- 5.5.2 In FY 2004, OMD, in collaboration with DMHS and OPI E, will stay current on the most efficacious mental health treatments and will revise Best Practice Guidelines if research indicates the need to do so, to be reported in July 2004. PM
- 5.5.3 **COMPLETED FY 03**
- 5.5.4 **COMPLETED FY 03**
- 5.5.5 OPI E will work with the OMD to publicize a best practice conference and guidelines, to be reported in January 2003. PM **DELETED**
- 5.5.6 In FY 2004, OPI E will work with OMD to include best practice guidelines emphasis in departmental publications, to be reported in March and July 2004. PM
- 5.5.7 **COMPLETED FY 03**
- 5.5.8 In FY 2004, OMD will review the TennCare Pharmacy Formulary, through its participation on the TennCare Pharmacy Formulary Committee, to ensure adequacy for TennCare Partners Program recipients, to be reported in March and July 2004.
- 5.5.9 In FY 2004, TDMHDD will work with stakeholders, including service recipients, to develop a vision and subsequent model for service delivery and policy development based on research and best practices both in clinical care and delivery, to be reported in March and July 2004.

## 5.6 TDMHDD designs and implements mechanisms to obtain input and provide feedback to service recipients, families and relevant stakeholders about service system findings.

### STRATEGIES:

- 5.6.1 In FY 2004, DMHS will conduct service recipient surveys for the following services: Adult Homeless Case Management, HUD/Permanent Housing Sites and Drop-In Centers, to be reported in March and July 2004. PM
- 5.6.2 By 2004, OCA will establish methods to determine service recipient and family member experience related to service system capacity of the service system, to be reported in March and September. **DELETED, COVERED IN 5.6.3**
- 5.6.3 In FY 2005, OCA will develop ongoing processes for gauging service recipient and family members' satisfaction and perspective of services provided, to be reported in March and July 2005.

- 5.6.4 In FY 2004, OCA will establish a mechanism to allow for quick input from service recipients and families on issues related to mental health and developmental disabilities service systems, to be reported in March and July 2004. PM
- 5.7 TDMHDD selects areas identified for improvement, then develops and implements strategies to accomplish the desired changes.  
STRATEGIES:
- 5.7.1 By November 2003, DMHS will implement a quality improvement process to review programmatic areas related to contract services, to be reported in December 2003. PM
- 5.7.2 In FY 2004, TDMHDD will use weekly Executive Staff meetings to discuss service recipient and family feedback and determine actions needed, to be reported quarterly by OCA. **DELETED - ONGOING FUNCTION**
- 5.7.3 By January 2004, DMHS and OLC will implement and report to DMHDD Executive Staff on a comprehensive quality improvement process, to be reported in January 2004.
- 5.7.4 In FY 2004, DMHS will develop mechanisms for improving quality based on trends identified, to be reported March and July 2004.
- 5.7.5 Outcomes of DMHS quality improvement activities will be reported quarterly.  
**DELETED - ONGOING FUNCTION**
- 5.8 TDMHDD promotes and publishes current research and literature review findings about critical mental health and developmental disability issues.  
STRATEGIES:
- 5.8.1 By January 2004, OMD will write and publish eleven articles in the TMA publication, "Tennessee Medicine", to be reported in January 2004. PM
- 5.8.2 In FY 2004, OMD will identify and utilize fresh approaches to disseminating research findings, to be reported in March and July 2004.
- 5.8.3 In FY 2004, CYS Nashville Connection System of Care staff will present national and local evaluation and research findings to interagency groups, to be reported in March and July 2004.
- 5.9 DMHS identifies and implements areas to increase efficiency and minimize liability in the provision of forensic and juvenile court services.  
STRATEGIES:
- 5.9.1 By January 2004, DMHS will recommend risk assessment methodology for use by outpatient and inpatient providers for both the forensic and juvenile court services system, to be reported in January 2004.
- 5.9.2 In FY 2004, DMHS will provide risk assessment training to outpatient and inpatient providers, to be reported in March and July 2004.
- 5.9.3 In FY 2004, DMHS will make recommendations on the use of telemedicine for performing outpatient forensic and juvenile court evaluations, to be reported in March and July 2004.

- 5.9.4 In FY 2004, DMHS and OLC, in conjunction with the Administrative Office of the Courts, will identify training needs of judges and judicial staff on current mental health issues, to be reported in March and July 2004.
- 5.9.5 In FY 2004, DMHS will make recommendations on bed configuration, number and type of beds needed for inpatient forensic and juvenile court evaluations, to be reported in March and July 2004.
- 5.9.6 **COMPLETED FY 03**
- 5.9.7 In FY 2004, DMHS will increase by 10% the number of juvenile court evaluations completed on an outpatient basis, to be reported in March and July 2004. PM
- 5.9.8 **COMPLETED FY 03**

5.10 Serious incidents and allegations of abuse, neglect or mistreatment are investigated.

STRATEGIES:

- 5.10.1 In FY 2004, DMHS will monitor investigative reports for action and follow-up of substantiated reports of abuse, mistreatment or neglect in the RMHI s. These are reviewed on an ongoing basis and used as a tool for RMHI s in assigning employee training needs, to be reported in March and July 2004. PM
- 5.10.2 In FY 2004, the TDMHDD Quality Committee, under the leadership of OLC, will review trends and make recommendations on incidents, investigations and mortality reviews in the RMHI s, to be reported in March and July 2004. PM
- 5.10.3 In FY 2004, DMHS and OLC will utilize the DoH Abuse Registry as indicated by substantiated reports of abuse, neglect or mistreatment in the RMHI s, to be reported in March and July 2004. PM
- 5.10.4 In FY 2004, the Office of Licensure will provide the number of abuse and neglect incidents investigated along with their findings to the TDMHDD Planning and Policy Council, to be reported in July 2004.

**GOAL 6:**

**TDMHDD MANAGEMENT IS EFFICIENT, COLLABORATIVE AND ACCOUNTABLE.**

OBJECTIVES

- 6.1 TDMHDD collaborates with the Bureau of TennCare to administer and improve the TennCare Partners Program.

STRATEGIES:

- 6.1.1 **COMPLETED, September 2003**
- 6.1.2 In FY 2004, OMC will disseminate the quarterly Memorandum of Understanding (MOU) reports to the Commissioner's Office and make available on request, to be reported in March and July 2004.
- 6.1.3 In FY 2004, OMC will operationalize the Department's responsibilities under the Partners Program in conjunction with the Bureau of TennCare, to be reported in March and July 2004.

6.2 TDMHDD works with other departments and agencies to implement policies for coordinated mental health and developmental disabilities services.

STRATEGIES:

- 6.2.1 OMC will collaborate with the Department of Education Part C and Part B (services for preschool children with developmental disabilities) efforts and the TennCare Bureau (Early and Periodic Screening, Diagnosis and Treatment - EPSDT) to coordinate the delivery of mental health services for children, to be reported in July. PM **DELETED - NO LONGER A OMC FUNCTION**
- 6.2.2 In FY 2004, the Commissioner, DMHS and DMRS will assist the division and regional Planning and Policy Councils in completing interagency and service needs assessments and planning, to be reported in March and July 2004.
- 6.2.3 In FY 2004, CYS and the State System of Care Council will identify state policy barriers to the development of coordinated services for children with serious emotional disturbance and their families, to be reported in March and July 2004.
- 6.2.4 In FY 2004, DMHS, in collaboration with DoH, DOE, DF&A, the Commission on Aging and Disability and THDA, will identify and resolve issues applicable to the delivery of services to persons with mental illness or serious emotional disturbance, to be reported in March and July 2004.

6.3 TDMHDD participates as a responsible state agency in all hazard preparedness, response and recovery capabilities.

STRATEGIES:

- 6.3.1 In FY 2004, the TDMHDD Emergency Services Coordinator will assist community mental health agencies in obtaining federal disaster relief funds, as needed, in all disaster event occurrences, to be reported in March and July 2004. PM
- 6.3.2 By July 2005, the TDMHDD Emergency Services Coordinator, in partnership with agency Critical Incident Coordinators, will develop a critical incident and disaster response plan and responder data base for the provision of all-hazards behavioral response services in Tennessee, to be reported in July 2004 and July 2005. PM
- 6.3.3 In FY 2004, DMHS will provide Critical Incident Stress Management and other all-hazards response training by offering a minimum of three training events per year, to be reported in March and July 2004. PM
- 6.3.4 In FY 2004, the TDMHDD Emergency Services Coordinator will review the Departmental Business Resumption Plan and RMHI /developmental center emergency plans for content and accuracy, to be reported in July 2004. PM

6.4 TDMHDD enhances the protection of service recipients by the development and revision of rules and policies.

STRATEGIES:

- 6.4.1 In FY 2004, the Office of Licensure and OLC, in collaboration with DMHS and DMRS, will review licensure rules and revise as appropriate, to be reported in March and July 2004. PM
- 6.4.2 In FY 2004, OPD will coordinate the annual review of all TDMHDD policies and non-licensure rules, to be reported in July 2004.



- 6.5 The Office of Human Resources (OHR) will develop a plan to address staff recruitment and retention issues.

STRATEGIES:

6.5.1 **COMPLETED FY 03**

6.5.2 In FY 2004, the OHR will work in collaboration with the Tennessee Hospital Association in the recruitment of health care professionals, to be reported in March and July 2004.

6.5.3 By June 30, 2003, the TDMHDD Commissioner will establish a task group to review the state laws and rules for licensed professionals and determine if they help or hinder recruitment of MH/DD professionals, especially those from out of state, to be reported in October 2003.

6.5.4 By January 2004, OMD, via consortium in 6.5.5, will advocate for the supplementation to professional curricula, as indicated, to ensure early recognition and identification of mental health needs of individuals, to be reported in January and July. **DELETED - COVERED BY STRATEGY 2.4.4**

6.5.5 By May 2005, the Office of the Commissioner and OMD will develop a consortium among state colleges and universities, the TN Higher Education Commission and the Board of Regents to draw professionals and paraprofessionals in training into the field of mental health/developmental disabilities, to be reported in May 2004 and May 2005.

Req. \$ 6.5.6 In FY 2004, TDMHDD will create opportunities to increase and stabilize the nursing workforce at its facilities, to be reported in March and July 2004.

6.5.7 By January 2005, OPI E will develop and propose a program for YMCA Youth Legislature to focus on mental health and developmental disabilities to encourage participants to enter the public MH/DD system, to be reported in September 2004 and January 2005.

- 6.6 TDMHDD will improve the timely completion of periodic employee performance evaluations.

STRATEGIES:

6.6.1 In FY 2004, the OHR will develop a plan to monitor performance evaluations by facility and Central Office staff, to be reported in March and July 2004. PM

6.6.2 In FY 2004, the OHR will report quarterly to the Commissioner and the Executive Management Committee the number of overdue evaluations by Division and facility, to be reported in March and July 2004. PM

- 6.7 The TDMHDD Three Year Plan guides development of the mental health and developmental disability service systems. **Deleted - Covered in Introduction of the Three Year Plan.**

STRATEGIES:

6.7.1 Title 33 planning requirements will direct the mental health and developmental disability service systems, to be reported in July.

6.7.2 Budget requests will reflect the resource requirements needed for the Plan Year, to be reported in October.

6.8 TDMHDD is the best managed, most efficient and effective agency in state government.

STRATEGIES:

6.8.1 By July 2003, the Executive Management Committee will review the organizational structure to assess whether TDMHDD is organized for maximum efficiency to support its mission/vision, to be reported in July 2003 by the Commissioner.

6.8.2 **COMPLETED FY 03**

6.8.3 DAS and OLC will review reimbursement issues at the RMHIs annually, to be reported in July. **DELETED - ONGOING, OPERATIONAL ACTIVITY**

6.8.4 DAS will monitor expenses, reduce paperwork, and be more efficient by monitoring compliance with car inspections; tracking preventive maintenance and service records; and completing more timely and accurate monthly mileage reports, to be reported in July. **DELETED - ONGOING, OPERATIONAL ACTIVITY**

6.8.5 DAS will monitor the number of incidents reported by Motor Vehicle Management, to be reported in July. PM **DELETED - ONGOING, OPERATIONAL ACTIVITY**

6.8.6 Beginning in FY 2003, DAS will have all printing and publication done in house; review monthly billing to ensure accuracy, matching requests with invoices; and have information on a compact disc for easier lookup and cataloging while printing, to be reported in July. **DELETED - ONGOING, OPERATIONAL ACTIVITY**

6.8.7 In FY 2004, DAS will collaborate with the Office of Information Resources (OIR) to have billing data from OIR provided in an electronic data format for faster, more accurate monitoring and corrections, to be reported in March and July 2004.

6.8.8 DAS will improve internal monitoring and control by implementing the Request Inventory and Help Desk System (IRIS) to have pagers and cellular phones listed by person using, title, justification, cost and usage, to be reported in August. **DELETED - ONGOING, OPERATIONAL ACTIVITY**

6.8.9 DAS will prepare annual budget requests for continuation and improvement items based on the TDMHDD Three Year Plan, to be reported in December. **DELETED - ONGOING, OPERATIONAL ACTIVITY**

Req. \$ 6.8.10 In FY 2004, DAS will collaborate with all TDMHDD facilities to determine capital project needs and develop estimates of project costs for presentation to the State Building Commission, to be reported in December 2003. **DELETED - ONGOING, OPERATIONAL ACTIVITY**

6.8.11 In FY 2004, TDMHDD will update the three year plan based on the TDMHDD Planning and Policy Council recommendations, to be reported in March and July 2004.

6.8.12 In FY 2004, the Department's legislative liaisons will provide annual refresher sessions on Title 33 for Central Office staff, to be reported in September 2004.  
PM

6.8.13 In FY 2005, Title 33 implementation staff will produce a video of an overview of the mental health and developmental disability law for new employee orientation, to be reported in March and July 2005.

- 6.8.14 In FY 2004, TDMHDD will acquire and implement a new pharmacy software system to interface with BHI S for demographic information, to be reported in March and July 2004.
- 6.8.15 By July 2005, TDMHDD will implement an automated treatment plan, progress notes, and pharmacy software clinical order system, Clinical Workstation (CWS), to be integrated with BHI S, to be reported in March and July 2005.

6.9 The Office of Legal Counsel collaborates with all TDMHDD divisions and sections to assure compliance with all legal requirements to attain the Department's goals.

STRATEGIES:

- 6.9.1 In FY 2004, OLC will inform the Executive Staff of current developments in state, federal and administrative case law, statutes and rules and will provide legal advice, as needed, to all divisions of the Department, to be reported in March and July 2004.
- 6.9.2 In FY 2004, OLC will inform the Executive Staff of the status of pending state litigation assigned to the Attorney General's office, to be reported in March and July 2004.
- 6.9.3 In FY 2004, OLC will collaborate with the service divisions and Executive Staff to assure compliance with the implications of Olmstead and the opportunities of HIPAA, to be reported in March and July 2004.
- 6.9.4 **COMPLETED FY 03**
- 6.9.5 **COMPLETED FY 03**
- 6.9.6 In FY 2004, DAS will complete the software development and testing phase of the HIPAA Implementation Strategy for Transactions and Code Sets, to be reported in March and July 2004.
- 6.9.7 In FY 2004, OCA will develop a plan for compliance with Title VI and Title IX, to be reported in December 2003.
- 6.9.8 In FY 2004, OCA will conduct training on civil rights under Title VI, Title IX, and the Americans with Disabilities Act, to be reported in December 2003.
- 6.9.9 In FY 2004, upon request, OCA will provide technical assistance and information to providers, service recipients, families, and department staff on civil rights matters, to be reported in March and July 2004.
- 6.9.10 In FY 2004, OPI E will educate staff and monitor compliance with the State Publications Committee laws, to be reported in March and July 2004.
- 6.9.11 **COMPLETED FY 03**
- 6.9.12 In FY 2004, OPI E will monitor submission of TDMHDD materials to the state depositories, to be reported in January. PM **DELETED - ONGOING OPERATIONAL ACTIVITY**
- 6.9.13 In FY 2004, OPI E will monitor compliance with guidelines on keeping information on the Department's web site and rules current on the Secretary of State's web site, to be reported in March and July 2004. PM
- 6.9.14 In FY 2004, the Office of HIPAA Compliance (OHC) will determine which HIPAA consultant assessment recommendations must be implemented, to be reported in March and July 2004.

- 6.9.15 In FY 2004, OHC will develop policies and procedures and train staff to comply with HIPAA, to be reported in March and July 2004.
  - 6.9.16 For FY 2005, OHC will request funding to implement HIPAA assessment recommendations, to be reported in March and July 2005.
  - 6.9.17 By FY 2005, OHC will meet all applicable HIPAA security regulations, to be reported in March and July 2005.
- 6.10 TDMHDD will increase and improve internal communications.
- STRATEGIES:
- 6.10.1 In FY 2004, the Commissioner and Deputy Commissioner will hold quarterly meetings with Central Office staff to provide briefing on current issues, to be reported in July 2004.
  - 6.10.2 In FY 2004, OPD, in collaboration with OPI E and I SM, will prepare the TDMHDD Three Year Plan, including revisions, for posting on the Department's web page, to be reported in July 2004.
  - 6.10.3 **COMPLETED FY 03**
  - 6.10.4 In FY 2004, OHR will include TDMHDD vision/mission statements and core values in new employee orientation, to be reported in March and July 2004. PM
  - 6.10.5 In FY 2004, OHR will convene a work group to examine and suggest modifications, if appropriate, to the new employee orientation materials, to be reported in March and July 2004. PM
  - 6.10.6 In FY 2004, OHR will designate a task group to review and make recommendations on new employee orientation training, to be reported in March and July 2004.
- 6.11 TDMHDD will correct deficiencies cited in the 2002 Audit Report by the Comptroller.
- STRATEGIES:
- 6.11.1 By September 2003, the Deputy Commissioner will oversee and monitor the corrective actions to ensure timely response, to be reported in September 2003.
  - 6.11.2 COMPLETED September 2003
  - 6.11.3 **COMPLETED FY 03**
  - 6.11.4 Internal Audit, in collaboration with DMHS, will monitor MMHI compliance with state rules, regulations and contract requirements, to be reported in July.  
**DELETED - NO LONGER INTERNAL AUDIT FUNCTION**
  - 6.11.5 **COMPLETED FY 03**
  - 6.11.6 **COMPLETED FY 03**
  - 6.11.7 **COMPLETED FY 03**
  - 6.11.8 DAS, in collaboration with the DMHS, will monitor RMHI inventory security, to be reported in January and July. **DELETED - ONGOING, OPERATIONAL ACTIVITY**

## **APPENDIX A THREE YEAR PLAN DEFINITIONS**

**Behavioral Health Information System (BHIS)** – a computer information system implemented at the five regional mental health institutes. This client/server application handles Census Tracking, Utilization Management, Legal Status Tracking, Services Management, and Patient Billing & Receipts. A reporting database is available in the Decision Support System (DSS) from which an extensive array of user-defined reports is available.

**CMS Real Choice Systems Change Grant** – awarded to TDMHDD, OHPD in September 2001 through the Centers for Medicare and Medicaid Services (CMS) to design and implement an effective, consumer-directed, accessible housing resource system for persons diagnosed with mental illness or co-occurring disorders. Components of this resource system include evaluation and education and a campaign to effectively reduce the stigma of mental illness and co-occurring disorders in Tennessee.

**Community-Based Services Planning Commission Report and Recommendations** – a report that summarized the findings of the Community-Based Services Planning Commission, which made recommendations in order to meet the needs of people with developmental disabilities. In May 2000, the General Assembly passed legislation (Public Chapter 815) to establish the Commission on Community-Based Services to study and report on the services and supports available to people with developmental disabilities. The Commission studied the extent to which available services met the needs of individuals, the capacity of the system to meet the needs, mechanisms to build capacity of the system and to promote self-determination and to provide cost-effective community-based services, funding sources available and funding levels needed. The Commission also investigated the operation of the waiting lists and developed recommendations to reduce the number of people waiting for services.

**Consumer Advisory Board** – serves in an advisory role to TDMHDD's Office of Consumer Affairs in its activities and positions on consumer issues within TDMHDD and as a subcommittee of the Mental Health Policy and Planning Council for consumer issues. The board has 15 members, seven appointed by the Mental Health Planning and Policy Council and eight members nominated by the state consumer association (TMHCA) from self-identified consumers across the state.

**Council on Developmental Disabilities** - a state office that promotes public policies to increase and support the inclusion of individuals with developmental disabilities in their communities. The Council works with public and private groups across the state to find necessary supports for individuals with disabilities and their families, so that they may have equal access to public education, employment, housing, health care, and all other aspects of

community life. The Council encourages individuals with developmental disabilities and their families to play decision-making roles in policies and programs that affect them.

**Departmental Business Resumption Plan** – general emergency plan for business resumption/continuation in the event of a disaster.

**Employment First Plan** – a plan developed by the Tennessee Employment Consortium which addresses the tasks that must be accomplished in order for the Division of Mental Retardation Services to increase the number of people served who are employed to 25% and expand the capacity of employment services throughout the state.

**HIPAA** - Health Insurance Portability and Accountability Act of 1996 directed the U.S. Department of Health and Human Services to standardize the electronic sharing of health information. It bans the release of certain individually identifiable health data without prior written authorization and ensures that individually identifiable health care information remains confidential and secure. Failure to comply subjects the state to possible civil and criminal penalties as well as loss of federal matching funds.

**IMD Exemption** – Institutes for Mental Diseases are excluded from Medicaid financial participation for persons between the ages of 21 and 64. Tennessee received an exception as part of the TennCare Partners waiver.

**Independent Living Assistance Program** – a program supported by the Division of Mental Health Services which provides funds to mental health service providers to be paid on behalf of individuals who meet the criteria of severe and persistent mental illness in order to assist the individual to live more independently in the community.

**Jason Foundation** - an organization dedicated to increasing awareness and education about youth suicide through a school-based program. The program, designed for middle and high schools, is based on the concept of the Triangle of Prevention, which consists of programs that speak to youth, parents, and teachers/educators on risk factors associated with youth suicide and the importance of recognizing these factors.

**Kennedy Center** - a transinstitutional research, training, diagnosis, and treatment institute. The mission of the Kennedy Center is to improve the quality of life of persons with disorders of thinking, learning, perception, communication, mood and emotion caused by disruption of typical development. Housed within the Kennedy Center is the **Tennessee Disability Information and Referral Service**, a free, statewide, information and referral service for persons with disabilities, family members, and service providers. The scope of information includes all disabilities and individuals of all ages.

**Memorandum of Understanding** – agreement between TDMHDD and the Bureau of TennCare to administer and monitor TennCare Partners Program.

**Minority Health Summit** – organized by the Department of Health, Office of Minority Health to address issues related to health disparities of minorities with the goal of building

healthy communities and eliminating health and mental health disparities through community partnerships. The Minority Health Summit has been held annually in August or September since 1995.

**Nashville Connection** – (see **System of Care** definition)

**Olmstead** – U.S. Supreme Court decision that ruled it is a violation of the Americans with Disabilities Act for states to discriminate against people with disabilities by providing services in institutions when the individual could be served more appropriately in a community-based setting. States are required to provide community-based services for people with disabilities if treatment professionals determine that it is appropriate, the affected individuals do not object to such placement, and the state has the available resources to provide community-based services.

**System of Care** - In October 1999, the Tennessee Department of Mental Health and Developmental Disabilities received a **System of Care grant** from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS). The grant is for a five-year period and is given to states to help them develop systems of care. A system of care is a wide range of mental health and related services and supports that work together to provide care. It is designed to help a child with serious emotional disturbance with their family, get the services they need in or near their home and community. Tennessee's award was used to fund a demonstration project, the **Nashville Connection**, which began serving children with SED and their families in October 2000. The Nashville Connection was designed to change the way that Tennessee's service systems respond to children with mental health needs by reorganizing the way that the service system plans, funds, delivers and evaluates the services that are provided for these children with a philosophy that children should be served in their home community. The project includes a partnership between Tennessee Voices for Children, Centerstone, Inc. and Vanderbilt Institute for Public Policy Studies. Other local and state agencies work with the Nashville Connection to serve families. A **State System of Care Council** made up of representatives from all child-serving agencies and family members oversees the system of care initiative in Tennessee. The purpose of the council is to identify and address gaps in the services available.

**TennCare Partners** - established in 1996 as a compliment to Tennessee's Health Care Reform initiative known as TennCare. TennCare Partners provides behavioral health services to all persons eligible for TennCare as well as certain people with serious mental illness or emotional disturbances. These services include treatment for both mental health and substance abuse disorders, for anyone on TennCare who has need of them. People in the program receive an array of services including inpatient hospitalization, outpatient services, residential treatment, substance abuse services, and community support and rehabilitation services. These services are provided through a specialized Managed Care Company referred to as a Behavioral Health Organization (BHO). These organizations contract with a network of hospitals, doctors, therapists, social workers, clinics, and other specialty providers to deliver medically necessary treatment.

**TennCare Partners Roundtable** - a subcommittee of the statewide Mental Health Planning and Policy Council made up of consumers, family members, service providers, state agency decision-makers, and BHO representatives. The Roundtable receives and examines issues of concern related to the TennCare Partners Program and develops plans for future action. It presents these plans to the Mental Health Planning and Policy Council executive committee for review and disposition. The Roundtable oversees TennCare Partners implementation, data studies, and proposed changes and makes recommendations for service improvements.

**Tennessee Employment Consortium (TEC)** - a statewide collaborative effort developed in June of 2001 to increase the number of individuals served by the Division of Mental Retardation Services (DMRS) who are employed to at least 25% over a three-year period. The Tennessee Council on Developmental Disabilities funded a three-year grant (\$150,000 each of the three years) through DMRS to establish the consortium. TEC has established incentive grants available to individuals or agencies willing to develop and implement creative employment opportunities that result in employment for people with disabilities. Each of the three regions in TN has created a regional consortium to review grant proposals and distribute the money.

**Tennessee Interdisciplinary Health Policy Program (TIHPP)** - developed and begun in 1999, TIHPP is a joint venture between the Department of Mental Health and Developmental Disabilities' (DMHDD) Office of Public Information, Office of the Medical Director and the University of Tennessee. TIHPP is driven by the goal of encouraging law, medical and pharmacy students to learn to work together as a team in improving health care in Tennessee through government agency-sponsored internships.

**Tennessee Suicide Prevention Network** - an independent, non-partisan, voluntary group of individuals, organizations and agencies (public and private) who promote community awareness of the signs of suicide and intervention strategies for the prevention of suicide. The network's goals are to coordinate and implement the **Tennessee Suicide Prevention Strategy**, based on the Surgeon General's "Call to Action to Prevent Suicide". The Governor appointed a **Suicide Prevention Advisory Council (SPAC)** to coordinate funding and implementation of the Tennessee Strategy for Suicide Prevention in January 2000. This council includes survivors, survivors of suicide attempts, private health care professionals, clergy, teachers, mental health professionals and representatives from state departments.

**Yes 2 Kids organization** - partners with state departments and community organizations to develop strategies to reduce the incidence of youth violence across the state.



## **APPENDIX B**

### **COMPLETED STRATEGIES**

- 1.1.2 OCA will promote awareness of service recipient rights by developing and providing training for service recipients about how to utilize Declaration for Mental Health Treatment documents and other advance treatment planning, to be reported in January and July.
- 1.2.3 OMC will solicit and incorporate stakeholder input into the development of future managed care contracts via the TennCare Partners Roundtable and the Mental Health Planning and Policy Council, to be reported quarterly.
- 2.1.1 By February 2003, the OHPD will oversee the development of a statewide housing knowledge web-based resources system (via the CMS Real Choice Systems Change grant) to be reported in March and September.
- 2.1.2 By July 2003, the OHPD will hire consumer housing education specialists for each target community to work with the Regional Housing Facilitators to gain greater acceptance for additional housing opportunities (via the CMS *Real Choice Systems Change* grant), to be reported in July.
- 2.1.6 Beginning in 2003, OHPD will partner with public and private entities to address and act on approaches to decrease Not in My Back Yard (NIMBY) issues, to be reported semi-annually in March and September.
- 2.1.8 By FY 2003, the OHPD, in collaboration with the TDMHDD Offices of Licensure, Information Systems Management, and Public Information and Education, HUD, and Vanderbilt University, will provide and monitor a statewide housing resource web site, to be reported annually in September.
- 2.2.5 In FY 2003, DMHS will expand criminal justice services for persons with mental illness, to be reported in September.
- 2.2.7 DMHS will identify the mental health needs of children and youth involved in the juvenile detention and juvenile courts, to be reported in July 2003.
- 2.3.10 In FY 2003, OPI E in collaboration with OMC and DMHS, will expand and upgrade the web site by developing a web page for children, to be reported in July 2003. PM
- 2.3.11 In FY 2003, OPI E, in collaboration with the Office of DD, will finalize a developmental disability web page, to be reported in July 2003. PM
- 2.3.12 In FY 2003, OPI E will develop an anti-discrimination site on the TDMHDD web page and add reports from councils/meetings to expand distribution and to aid others in research (i.e., proceedings/ reports), to be reported in July 2003. PM
- 2.3.13 By August 2003, OPI E and I SM will develop additional service pages, to be reported in August 2003. PM
- 3.6.2 OMD and other TDMHDD section representatives will assist with planning and staffing biannual meetings of the Tennessee Suicide Prevention Network, to be reported in March and September.
- 3.6.4 In FY 2003, TDMHDD will expand and upgrade its web site by developing a suicide prevention page, to be reported in January and July.

- 4.5.3 By 2004, DMHS and A&D will develop and implement a co-occurring disorders curriculum to be used for training by mental health and A&D providers, to be reported semi-annually in January and July.
- 4.6.4 TDMHDD will apprise the new Administration and the 103<sup>rd</sup> General Assembly, which take office in 2003, of the impending termination of the exemption from the Institutions for Mental Diseases (IMD) exception and the concurrent loss of federal funds for inpatient psychiatric beds, to be reported semi-annually in March and September.
- 5.1.4 DMHS will establish user-friendly databases for the storage and retrieval of service data received from contract agencies, to be reported in July 2003.
- 5.5.3 OMD will sponsor an annual training conference on the use of Best Practice Guidelines by January 2003, and report annually thereafter.
- 5.5.4 OPI E will work with OMD to add best practices to the web site by December 2002, to be reported in January.
- 5.5.7 OPI E, in conjunction with OMD, will produce audio tapes and/or CDs on the use of Best Practice Guidelines, to be reported in January 2003.
- 5.9.6 DMHS will provide information to the Attorney General's office to collect county payments for juvenile court evaluations on children who are thought to be dependent and neglected or have unruly charges and report by September 2002.
- 5.9.8 DMHS will design a juvenile court evaluation training program, to be implemented and reported on by January 2003.
- 6.1.1 By July 2003, OMC will participate with the Bureau of TennCare, TDCI and the Office of the Attorney General in the development and processing of the Request for Proposal (RFP) for the new TennCare Partners contract, to be reported in July 2003.
- 6.5.1 By July 2003, the Nurse Recruitment Task Force will identify short and long-range solutions to nurse recruitment and retention issues at all TDMHDD facilities, to be reported quarterly.
- 6.8.2 By January 2003, TDMHDD will use the relocation of DMRS staff to reduce the number of separate locations of TDMHDD Central Office staff, to be reported quarterly.
- 6.9.4 By October 2003, DAS will complete the Operational Assessment phase of the HIPAA Implementation Strategy for Transactions and Code Sets, to be reported in October 2003.
- 6.9.5 By April 2003, TDMHDD will appoint a Privacy Officer in compliance with the HIPAA Standards for Privacy of Individually Identifiable Health Information.
- 6.9.11 By June 2003, OPI E will redistribute Publications Committee Rules to Chief Officers and key Central Office staff, monitor printing of the Department, and notify appropriate staff when materials do not comply with the rules, to be reported in July 2003.
- 6.10.3 Beginning in FY 2003, DAS will produce an online information update of various managerial and programmatic longitudinal elements (MAPLE), to be reported in July.

- 6.11.2 By July 2003, DAS will update the current related-party transaction policy and expand it to include a conflict-of-interest statement requirement, which each employee with authority to award or oversee contracts must sign, to be reported in July 2003.
- 6.11.3 By January 2003, the Deputy Commissioner will establish and monitor processing deadlines to ensure that authorization to vendor forms and contracts are approved before implementation, to be reported in February 2003.
- 6.11.5 DAS, in collaboration with OLC, will revise policies on restricted funds and the handling of money belonging to service recipients discharged from RMHIs to ensure clarity and compliance with state law, to be reported in February 2003.
- 6.11.6 DAS will confer with the WMHI Chief Officer to ensure that the facility housing plan complies with F&A Policy 16, to be reported in February 2003.
- 6.11.7 DAS will ensure that information in the Property of State of Tennessee (POST) system is current and accurate, to be reported quarterly.